

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/023,923
	Filing Date	12/18/2001
	First Named Inventor	Shapiro et al.
	Title	ACCESS CONTROL FOR INTERACTIVE LEARNING SYSTEM
	Art Unit	2131
	Examiner Name	ZAND, Kambiz
	Attorney Docket Number	026285-000210US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 20350

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>V. Karasava</i>	Date	11 APRIL 2006
Name	Vaso Karasava	Telephone	(25) 353698
Title and Company	Managing Director.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.